## KAREN M. PERRIGO

Certified Public Accountant
----Attorney at Law----

P.O. Box 24 107 ½ North Main Street Wellsville, NY 14895 Phone: (585) 593-1471 FAX: (585) 593-4106

P.O. Box 65 Twenty Water Street Cuba, NY 14727 Phone: (585) 968-5292 Fax: (585) 968-6271

Email: perrigok@roadrunner.com

October 3, 2013

Mr. Gary Shinners
Executive Secretary
Office of the Executive Secretary
National Labor Relations Board
1099 14<sup>th</sup> Street, N.W.
Washington, DC 20570-0001

Re: The SPCA in Cattaraugus County Inc. Case 03-CA-090311

Dear Mr. Shinners:

Enclosed please find an original executed Affidavit of Service by Mail for the above entitled matter.

If you have any questions or require further information, please do not hesitate to contact my office.

Very truly yours

Karen M. Perrigo

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## UNITED STATES OF AMERICA BEFORE THE NATIONAL LABOR RELATIONS BOARD WASHINGTON, D. C.

SPCA IN CATTARAUGUS COUNTY, INC.

AFFIDAVIT OF SERVICE BY UNITED STATES MAIL

and

Case 03-CA-090311

LINDA VANE

STATE OF NEW YORK

: SS:

COUNTY OF ALLEGANY

Renee G. Brew, being duly sworn, deposes and says, that deponent is not a party to the action, is over 18 years of age and resides at 3172 Madison Hill Road, Wellsville, New York, 14895.

That on the 27th day of September, 2013, deponent served the within Respondent's Opposition to Motion to Transfer Proceedings to Board and for Default Judgment and Issuance of a Supplemental Board Decision and Order, in this action to the following:

> Ms. Linda Vane 3142 Morgan Hollow Road Allegany, NY 14706-9431

The above listed address designated for that purpose by depositing a true copy of same enclosed in a postpaid properly addressed envelope, in the Cuba Post Office, official depository under the exclusive care and custody of the United States post office department within the State of New York.

Sworn to before me this day of October

KAREN M. PERRIGO
NOTARY PUBLIC, STATE OF NEW YORK
# 02PE5032893
QUALIFIED IN ALLEGANY COUNTY
MY COMMISSION EXPIRES SEPT. 16, 20

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from Item 1?
Ms. Linda Vane 3142 Morgan Hollow Road Allegany, NY 14706-9431	If YES, enter delivery address below:
: • •	3. Service Type  A Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) 7010 0780	
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540

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